

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038604

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 232 Primary Registration District No. 449 Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 27 1963

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		c. CITY OR TOWN Shelbina	
Length of stay in lb 45 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shelbina, Missouri		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Alfred John Stroud			4. DATE OF DEATH Month Day Year 9-22-1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/11/1861	9. AGE (last birthday) 102	IF UNDER 1 YEAR Months Days Hours Min. 6 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Toronto, Canada	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Alfred John Stroud			13b. MOTHER'S MAIDEN NAME Harriett Atkins		14. NAME OF HUSBAND OR WIFE Jennie Mae Stroud
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Mrs. Jennie Mae Stroud			Address Shelbina, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial failure Generalized Arteriosclerosis Senility		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from October, 1959 to September 22, 1963 and last saw him alive on September 22, 1963 Death occurred at September 22, 1963 12:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.A. Mikalovich D.O.	22b. ADDRESS Shelbina, Missouri	22c. DATE SIGNED 9-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-24-1963	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Shelbina, Missouri
24. FUNERAL DIRECTOR Davis Funeral Service Shelbina, Mo.		25. DATE RECD. BY LOCAL REG. 9/25/63	26. REGISTRAR'S SIGNATURE Helen Allison

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Permit obtained 9/23/63 (HAB)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.